

## Amendment to Statement of Qualification Of Foreign Limited Liability Partnership

Filing Fee \$50.00. Type or print legibly in blue or black lnk. Please do not highlight or write above this line.

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1. Name of partnership currently on file:
2. Statement of a Qualification date: and Business Id Number:
3. Name as set forth in Statement of Qualification, if different from current name:
4. The statement has been amended as follows (provide section number, if available): *
5. Declaration and Signature: I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF MISSISSIPPI THAT THE FOREGOING IS TRUE AND CORRECT OF MY OWN KNOWLEDGE.
Signature of Partner (as authorized)  Date:
Print Name
IMPORTANT: Failure to include any of the above information and submit the filing fee may cause this filing to be rejected.
* If adding new partners, provide names and mailing addresses.
Submit completed form along with the filing fee of \$50,00 to Mississinni Secretary of State Designer Services
Submit completed form along with the filing fee of \$50.00 to Mississippi Secretary of State, Business Services Division, Post Office Box 136, Jackson, Mississippi 39205-0136.